# This Page Is Inserted by IFW Operations and is not a part of the Official Record

### **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

#### IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

# JAN 2 1 2002

### KECFIVED

FEB 0 4 2002

TECH CENTER 1600/2900

PTC/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031

Under the Paperwork Reduction Act	t of 1995, no persons are required to re	U.S. Patent and	Trademark O	ffice: U.S. DEPARTMENT OF COMMERCE less it displays a valid OMB control number.			
	Application Num	no	09/421,422				
TRAN	Filing Dat		10/19/1999				
F	First Named Inve	Ha entor	Harbury, P.				
(to be used for all cor	Group Art Unit		1627				
	Examiner Name						
Total Number of Pa	ges in This Submission 13	Attorney Docket N	lumber 58	600-8197.US00			
	FORM  First Named Inventor  Group Art Unit  Examiner Name  Fortal Number of Pages in This Submission  Total Number of Pages in This Submission  ENCLOSURES (check all that apply)  Transmittal Form  Fee Attached  Drawing(s)  Assignment Papers (for an Application)  Petition  Petition  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence  Address  ass Abandonment Request  Terminal Disclaimer  Request for Refund  metition Disclosure Statement  fied Copy of Priority  ment(s)  Remarks  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Interpretation Disclosure  Larry W. Thrower  Tary Submission  First Named Inventor  Group Attorney  According to Correspondence  Attorney Revocation Change of Correspondence  Address  Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Status Letter  Change of Correspondence  Address  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Terminal Disclaimer  Terminal Disclaimer  Request for Refund  Terminal Disclaimer  Terminal Disclaim						
Fee Transmittal Form	Assignm	nent Papers Application)					
Fee Attached	Drawing	<b>g</b> (s)					
Amendment / Reply	Licensin	ng-related Papers		Appeal Communication to Group			
After Final	Petition			Proprietary Information			
Affidavits/declara	1 1 1			Status Latter			
	Power of	of Attorney, Revocation of Correspondence	n   <u> -</u>				
Extension of Time Reque	est Address	3					
Express Abandonment F	Request						
	<b></b>	Request for Refund					
Information Disclosure S	itatement CD, Nu	mber of CD(s)					
Certified Copy of Priority Document(s)		Ţ.					
Response to Missing Pa Incomplete Application	ıns/	٦					
under 37 CFR 1.5	)2 Or 1.53						
	SIGNATURE OF APPLI	CANT, ATTORNEY	, OR AGE	NT			
Firm Lar	rry W. Thrower						
or Individual name	•	*					
Signature	Them -						
Date	11/26/2001						
	CEDTIEIA	ATE OF MAILING	<u> </u>				
		ne United States Poste	al Service wi	th sufficient postage as first class			
Typed or printed name	Larry W. Thrower						
Signature	D. 1		Data	11/26/2001			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Cheer Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231, on:

Date: December 13,7001

DOCKET NO.: 58600.8197.US00

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Harbury and Halpin

**EXAMINER:** 

Koroma

SERIAL NO.: 09/421,422

ART UNIT:

1627

FILED: October 19, 1999

**DNA-TEMPLATED COMBINATORIAL** 

LIBRARY CHEMISTRY

#### AUTHORIZATION FOR EXTENSION OF TIME AND FEE TRANSMITTAL

Sir:

On November 26, 2001, Applicant's submitted an Amendment and Petition for 3-Month Extension of Time in response to the Office Action dated May 25, 2001 (copy enclosed). The Commissioner was requested and authorized to charge the fees due to Deposit Account No. 04-0531. It has come to our attention that this account was closed and a new Deposit Account No. 05-0665, was opened in its place. Therefore, the Commissioner is hereby authorized to charge any fees which may be required for timely submission of this Amendment to new Deposit Account No. 50-0665. The Commissioner is additionally authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required, or credit any overpayment, to Deposit Account No. 50-0665. A duplicate copy of this request is enclosed.

Respectfully submitted,

Date /2-/3-0

Larry W. Thrower

Registration No. 47,994

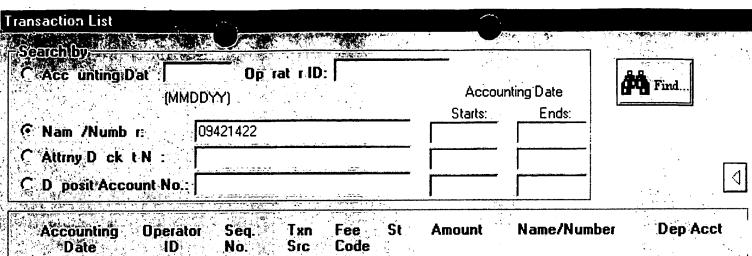
Correspondence Address:

Customer No. 22918 (650) 838-4300

## Notification of Potential Duplicate Documents

The Office of Initial Patent Examination (OIPE) has reviewed the Revenue Accounting and Management (RAM) System records for this application and identified that the fee(s) authorized or paid with the submission of the attached document was previously posted in RAM. To avoid duplicate fee charges, OIPE has not charged the fee(s) authorized on this document. If the fee(s) was paid by check, OIPE has issued an Electronic Funds Transfer (EFT) refund.

If the attached document is not a duplicate, the office responsible for processing this document must collect the appropriate fee(s).



Accounting Date	Operator (D	Seq. No.	Txn Src	Fee Code	St	Amount	Name/Number	Dep Acct
01/22/2002 08/07/2001 08/07/2001 03/28/2001 01/14/2000 01/14/2000 01/14/2000	SSITHIB1 GTEFFERA GTEFFERA MYUSUF1 ASAHLE ASAHLE ASAHLE	59 179 178 166 94 93 92	SALE SALE SALE SALE SALE SALE SALE	217 116 119 217 204 205 201	A A A A A A	460.00 390.00 310.00 445.00 130.00 65.00 380.00	09421422 09421422 09421422 09421422 09421422 09421422 09421422	040531 190254 190254
<b>X N</b>						J		

OK.

Adjustment Detail

**<u>Authorization</u>** Detail



.

でするない